

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Mele
 District of _____
 Town of Miami
 or _____
 City of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 134
 County Registrar No. _____
 Local Registrar No. _____

No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Alma Laurraine Uptain { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other 5. No., in order of birth 3 6. Legitimate? yes 7. Date of birth Feb. 7-1920
 Month Day Year

8. FATHER
 Full name Owen Jasper Uptain
 9. Residence (Usual place of abode) Miami, Ariz.
 If non-resident, give place and state.

10. Color or race Cauc. 11. Age at last birthday 33 (Years)

12. Birthplace (city or place) Manassas
 (State or country) Col.

13. Occupation
 Nature of industry Boiler helper

14. MOTHER
 Full maiden name Sadie Alger
 15. Residence (Usual place of abode) Miami, Ariz.
 If non-resident, give place and state.

16. Color or race Cauc. 17. Age at last birthday 22 (Years)

18. Birthplace (city or place) Safford, Ariz.
 (State or country)

19. Occupation
 Nature of industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 4²⁰ A. m. on the date above stated
 (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
 Signature Byrle M. Brown, M.D. (Physician or midwife).
 Address Miami, Ariz.

Given name added from a supplemental report. Filed April 5, 1925 Adison & Braxton
 Month, day, year Local Registrar.

Registrar

Filed _____, 19____

County Registrar.

145-307-219